U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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101/2004 Through: 12/31/2004

Name INM + AW Local Lodge 2768

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3599

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Name Sara Skinner Patel

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Labor Organization File Number

4. Name, file number, and address of labor organization.

5/8 - 1/3 P.O. Box, Building and Room Number, if any

Street 105 Vanshire Rd. West	Street 555 N. Grants Lane
City hakeside	city Ft. Worth
State 7 ZIP Code + 4 76/08	State /X ZIP Code + 4 76/08
5. Position in labor organization.	
	ouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organizations.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name BAE Systems	Wages
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 3/3/ Story Rd Morth	18,95 per hour.
chy Irving	
State 7x ZIP Code + 4 75015-27	7
Signature	
	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Sara Skinner Patel	On /3 Quely 25 817-237-2610 Telephone Number
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Hame or t elson timing	THE HUMBER OF JOTA
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZtP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.